

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 539887

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	21	↔		↔		↔
TOTAL CLAIMS	22	[REDACTED]		[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]